

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212523294					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: ECMC FOUNDATION</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060-6802</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: DE</p> </div> <div style="width: 35%;"> <p>DUE DATE: 5/31/2012</p> <p>SCC ID NO: F1511056</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED			
CLASS	AUTHORIZED						
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 1 IMATION PL BLDG 2</p> <p style="margin-left: 40px;">CITY/ST/ZIP: OAKDALE, MN 55128</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: RICHARD J BOYLE TITLE: PRESIDENT ADDRESS: 1 IMATION PL BLDG 2 CITY/ST/ZIP/CO: OAKDALE, MN 55128 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: RICHARD J BOYLE TITLE: PRESIDENT ADDRESS: 1 IMATION PL BLDG 2 CITY/ST/ZIP/CO: OAKDALE, MN 55128	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: RICHARD J BOYLE TITLE: PRESIDENT ADDRESS: 1 IMATION PL BLDG 2 CITY/ST/ZIP/CO: OAKDALE, MN 55128	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: GREGORY VAN GUILDER TITLE: TREASURER ADDRESS: 1 IMATION PL, BLDG 2 CITY/ST/ZIP/CO: OAKDALE, MN 55128 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: GREGORY VAN GUILDER TITLE: TREASURER ADDRESS: 1 IMATION PL, BLDG 2 CITY/ST/ZIP/CO: OAKDALE, MN 55128	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: GREGORY VAN GUILDER TITLE: TREASURER ADDRESS: 1 IMATION PL, BLDG 2 CITY/ST/ZIP/CO: OAKDALE, MN 55128	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DANIEL S FISHER TITLE: SECRETARY ADDRESS: 1 IMATION PL BLDG 2 CITY/ST/ZIP/CO: OAKDALE, MN 55128 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: DANIEL S FISHER TITLE: SECRETARY ADDRESS: 1 IMATION PL BLDG 2 CITY/ST/ZIP/CO: OAKDALE, MN 55128	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: DANIEL S FISHER TITLE: SECRETARY ADDRESS: 1 IMATION PL BLDG 2 CITY/ST/ZIP/CO: OAKDALE, MN 55128	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ROBERT A STEIN TITLE: CHAIRMAN ADDRESS: 1 IMATION PL BLDG 2 CITY/ST/ZIP/CO: OAKDALE, MN 55128 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: ROBERT A STEIN TITLE: CHAIRMAN ADDRESS: 1 IMATION PL BLDG 2 CITY/ST/ZIP/CO: OAKDALE, MN 55128	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: ROBERT A STEIN TITLE: CHAIRMAN ADDRESS: 1 IMATION PL BLDG 2 CITY/ST/ZIP/CO: OAKDALE, MN 55128	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: GARY M COOK TITLE: DIRECTOR ADDRESS: 1 IMATION PLACE BUILDING 2 CITY/ST/ZIP/CO: OAKDALE, MN 55128 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: GARY M COOK TITLE: DIRECTOR ADDRESS: 1 IMATION PLACE BUILDING 2 CITY/ST/ZIP/CO: OAKDALE, MN 55128	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: GARY M COOK TITLE: DIRECTOR ADDRESS: 1 IMATION PLACE BUILDING 2 CITY/ST/ZIP/CO: OAKDALE, MN 55128	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN F DEPODESTA DIRECTOR 1 IMATION PLACE BUILDING 2 OAKDALE, MN 55128	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DR. EDWARD H JENNINGS DIRECTOR 1 IMATION PLACE BUILDING 2 OAKDALE, MN 55128	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	I KING JORDAN DIRECTOR 1 IMATION PLACE BUILDING 2 OAKDALE, MN 55128	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERTA COOPER RAMO DIRECTOR 1 IMATION PLACE BUILDING 2 OAKDALE, MN 55128	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES MCKEON DIRECTOR 1 IMATION PLACE BUILDING 2 OAKDALE, MN 55128	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MAURICE SALTER DIRECTOR 1 IMATION PLACE BUILDING 2 OAKDALE, MN 55128	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JACK O'CONNELL DIRECTOR 1 IMATION PLACE BUILDING 2 OAKDALE, MN 55128	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PETER TAYLOR DIRECTOR 1 IMATION PLACE BUILDING 2 OAKDALE, MN 55128	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ DANIEL S FISHER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DANIEL S FISHER, SECRETARY PRINTED NAME AND CORPORATE TITLE	6/21/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			